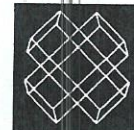


X-Ray
Associates



X-RAY ASSOCIATES OF NEW MEXICO, P.C. AND BREAST IMAGING CENTER



El Camino Imaging Center
8020 Constitution Pl. NE
Albuquerque, NM 87110
998-1317 Fax 998-1308
CT, Nuclear Med., Ultrasound,
Fluoro, Plain Film

Heights MRI Center
102 Hospital Loop NE
Albuquerque, NM 87109
Fax 559-5721
MRI ONLY

Medical Center MRI
601 Dr. Martin Luther King, Jr. Ave. NE
Albuquerque, NM 87102
Fax 559-5771
MRI ONLY

MRI Centers Centralized Scheduling 998-5925



Breast Imaging Center
4630 Jefferson Lane NE
Albuquerque, NM 87109
998-1911
Fax 998-1906
Mammography and Ultrasound

Osteoporosis Diagnostic Center
801 Encino Place NE, Suite C-8
Albuquerque, NM 87102
842-0218 Fax 842-1812
Bone Density/IVA



Breast Imaging West
10200 Corrales Rd. NW
Ste. B-6
Albuquerque, NM 87114
998-1911 Fax 890-2882
Screening Mammography

APPOINTMENT DATE _____ HOUR _____
To cancel your appointment, please call at least 24 hours in advance.
Please do not bring children needing supervision to your exam.
We CANNOT provide child care.

If you do not bring this form to your exam, your appointment may be rescheduled.

PATIENT NAME Douglas Carr DOB 8-3-51
ADDRESS _____ AGE _____
PHONE: HOME 2817977 WORK PHONE _____ SS# 046461692

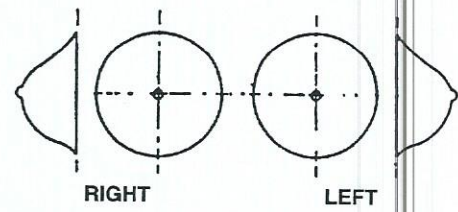
EXAMINATION(S) General, CT, Nuclear Medicine, MRI, Vascular Ultrasound

MRI L-S spine

Clinical Symptoms: @ leg weakness
Injury 9/11/2001

EXAMINATIONS WOMEN'S IMAGING STUDIES

- Mammogram:** Rt _____ Lt _____ Bilat _____
 SCREENING (Asymptomatic, with normal exam)
 No history of breast cancer
 DIAGNOSTIC (Please check off indication(s) for exam:
 New lump Nipple Discharge (bloody or clear)
 6 month follow-up Other _____
 History of breast cancer
- Ultrasound of Breast:** Rt _____ Lt _____ Bilat _____



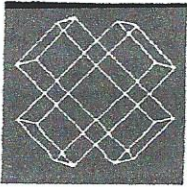
- Please check off indication(s) for exam:
 New lump 6 month follow-up Other _____
- Ultrasound:** OB _____ estimated age of pregnancy _____ weeks
GYN _____ Other _____
 - Ultrasound Pelvic:** Complete (Trans Abd and Trans Vaginal) _____
Trans Abdominal _____ Other _____

REFERRING PHYSICIAN
(Must be signed to be valid):

- Osteoporosis Exam:** Bone Densitometry (DEXA) with lateral vertebral assessment

Clinical Symptoms: _____

Medical emergency (stat) Yes No Ph # _____ Fax Report Yes No Fax # _____ Patient to bring films Yes No



EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Referring Physician:

Jacket #: 931761 DOB: 08/03/51

51

HENRY A. GARCIA, MD* 349

Pt Type: OUT Rm #:

Sex: M

4801 MCMAHON

Exam Dt: 01/10/02 Hosp. MR #:

ALBUQUERQUE, NM 87114-

(505) 727-2600

PA AND LATERAL CHEST X-RAY:

INDICATION: Cough and shortness of breath.

FINDINGS: The lungs are normally expanded with no acute infiltrates or pleural effusions. The heart size is normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY.

INTERPRETED and ELECTRONICALLY SIGNED BY: ARVIS WILLIAMS, MD

Dictated Date: 01/10/02

Transcribed By: CS 01/10/02

REPORT RELEASED BY: ARVIS WILLIAMS, MD

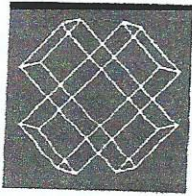
NAME: COPP, DOUGLAS E+

EL CAMINO IMAGING CENTER

Exam #: 1272512

Exam Dt: 01/10/02

Page 1



EL CAMINO IMAGING CENTER
X-RAY ASSOCIATES OF NM, P.C.
8020 CONSTITUTION PLACE NE
ALBUQUERQUE, NM 87110
(505) 998-1317

RADIOLOGY REPORT

Pt. Name: DOUGLAS E COPP

Jacket #: 931761

DOB: 08/03/51

Pt Type: OUT

Rm #:

Exam Dt: 06/10/02

Hosp. MR #:

Referring Physician:

51

Sex: M

HENRY A. GARCIA, MD* 349
4801 MCMAHON
ALBUQUERQUE, NM 87114-
(505) 727-2600

CHEST, TWO VIEWS 06/10/02:

INDICATION: Cough. Shortness of breath.

FINDINGS: Two view chest is compared to study of 01/10/02.

No infiltrates are seen. The heart size is within normal limits. No acute bony change is seen.

CONCLUSION:

NO ACUTE DISEASE SEEN.

=

INTERPRETED and ELECTRONICALLY SIGNED BY: BRIAN T. O'CONNELL, MD

Dictated Date: 06/11/02

Transcribed By: DG 06/11/02

REPORT RELEASED BY: BRIAN T. O'CONNELL, MD

NAME: COPP, DOUGLAS E+

Exam #: 1331529

Exam Dt: 06/10/02

EL CAMINO IMAGING CENTER

Page 1

ALBUQUERQUE REGIONAL MED CTR
601 DR MARTIN LUTHER KING JR
ALBUQUERQUE, NM 87102
(505) 727-8172

RADIOLOGY REPORT

Pt. Name: COPP, DOUGLAS

Jacket #: 10643362 DOB: 09/03/51

Pt Type: 0 Rm #:

Exam Dt: 10/04/02

51

Sex: M

Referring Physician:

BRUCE A MILLER, MD

1101 MEDICAL ARTS AVE NE #4

ALBUQUERQUE, NM 87102

(505) 842-5105

PROCEDURE: CT SINUSES 10/04/02

INDICATION: Dyspnea.

FINDINGS: CT of the sinuses was performed in 3 mm coronal sections. No IV contrast was utilized.

There is mucoperiosteal thickening in the right maxillary sinus along the medial inferior aspect. There is mild mucoperiosteal thickening seen along the right maxillary infundibula. There is evidence of a small left Haller's air cell. There is a very prominent somewhat enlarged inferolateral ethmoid air cell which does appear to be slightly deforming in the infundibulum of the right maxillary sinus. This does not appear to represent a true Haller's air cell. The frontal sinuses appear well aerated. Sphenoid sinuses are likewise well aerated.

CONCLUSION:

MUCOPERIOSTEAL THICKENING INVOLVING THE RIGHT MAXILLARY SINUS SUGGESTING CHRONIC REACTIVE SINUS CHANGES. AGAIN, THE RIGHT MAXILLARY INFUNDIBULUM IS MILDLY DEFORMED BY A FAIRLY PROMINENT AND ENLARGED INFEROLATERAL ETHMOID AIR CELL.

PROCEDURE: HIGH RESOLUTION CT CHEST WITHOUT CONTRAST

INDICATION: Dyspnea.

TECHNIQUE: Eight 1 mm slices were performed with the patient dependent and prone and seven 1 mm slices were obtained with the patient supine.

FINDINGS: On image #3, there is mild dilatation of two bronchi extending up to the periphery involving the medial aspect of the right upper lobe. No other areas of bronchiectasis are identified. In the

lingula, there are minimal increased several densities suggesting very minimal fibrotic changes.

CONCLUSION:

ONLY ONE MINIMAL AREA OF BRONCHIECTASIS WAS IDENTIFIED INVOLVING THE RIGHT LUNG AS DESCRIBED ABOVE. NO OTHER SIGNIFICANT ABNORMALITY IS SEEN.

INTERPRETED and ELECTRONICALLY SIGNED BY: THOMAS P MARTIN MD

REPORT RELEASED BY: WILLIAM D. ZIMMER MD

Dictated Date: 10/04/02

Transcribed By: DG 10/04/02